

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37932

FILED NOV 15 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 10516 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3600 Magnolia Ave.		Length of stay in 1b		d. STREET ADDRESS 3958 Blaine		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Herbert G Oster				4. DATE OF DEATH Month Day Year Nov 5 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 5 1890	
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Pressman		11. BIRTHPLACE (City and state or country) High Ridge Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Oster				14. MOTHER'S MAIDEN NAME Mary Froelich			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1 489-10-4518		17. INFORMANT Wife Address Mary Gelling Oster 3958 Blaine			
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of head</i> DUE TO (b) <i>self inflicted in pants pocket</i> DUE TO (c) <i>at 3630 Magnolia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Brain Tumor and Date Unknown</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>while suffering a temporary</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a. m. ? ? ? p. m. ? ? ?		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <i>Mental Aberration</i>					20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>auto - street</i>
20f. CITY, TOWN, OR LOCATION St. Louis Mo		20g. COUNTY St. Louis Mo					20h. STATE Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>1145 A. m</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James M. Kelly</i>		(Degree of title) <i>Deputy</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11-6-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Nov 7 57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Cty Mo</i>	
24. FUNERAL DIRECTOR <i>E. J. Schnur</i>		ADDRESS <i>3125 Lafayette</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 6 57</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>	

Embalmer

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

NOT EMBALMED

Student .....

Signature of Student Embalmer

Signed

*E. J. Schner*

Licensed Embalmer No. ....

P. O. Address

3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.